

SUPERIOR COURT

STATE OF MAINE

DISTRICT COURT

_____, ss.

Location Portland

Docket No. _____

Docket No. 93-DV-378DONNA LAWRENCE Plaintiff

vs.

CHILD SUPPORT WORKSHEET

DARREN WEBBER Defendant

1. a. Primary care provider (parent children live with most of the time): ☐ Plaintiff ☐ Defendant ☒ Both
 If parents provide substantially equal care, higher income parent should be shown as the non-primary care provider.
 b. Parent providing health insurance for the children: ☐ Plaintiff ☒ Defendant ☐ Neither

2. Child's Name Date of Birth Child's Name Date of Birth
[son] 1/23/93 [son] 2/5/90

Yearly Amounts	Primary Care Provider	Non-Primary Care Provider <input type="checkbox"/> Self-support reserve <input type="checkbox"/> Below poverty level	Combined Income
3. Gross income	\$ 17,000	\$ 48,000	
4. Minus other obligations			
a. Support paid to former spouse	a.	a.	
b. Support paid for other children	b.	b.	
c. Other children living with non-primary care provider (See instructions on reverse side.)		c.	
5. Total of 4a, b, & c			
6. Adjusted Yearly Gross Income (Subtract line 5 from line 3)	a. 17,000	b. 48,000	c. 65,000
7. Share of Gross Income (Divide each parent's income by combined income)	a. 26 %	b. 74 %	(Add 6a & 6b)

8. Basic weekly support for all children up to 18 years (or up to 19 years if still in high school) (See instructions on reverse.)

a. Total number of children 3
 b. Number of children ages 0-11 1 multiplied by amount from table 90 = \$ 90
 c. Number of children ages 12-17 1 multiplied by amount from table 111 = \$ 111
 Total (add 8b and 8c): 8. 201.00

9. Weekly health insurance cost for children

Name & amount per child per week [son] \$ 17.45
[son] \$ 17.45
 Total: 9. 17.45

10. Weekly child care expenses

Name & amount per child per week _____ \$ _____
 _____ \$ _____
 Total: 10. 34.90

11. Extraordinary medical expenses

Name & amount per child per week _____ \$ _____
 _____ \$ _____
 Total: 11. _____

***If parents provide substantially equal care, continue calculations on supplemental worksheet.**

12. TOTAL WEEKLY SUPPORT OBLIGATION (Add lines 8, 9, 10 and 11.)

12. _____

13. WEEKLY PARENTAL SUPPORT OBLIGATION:

a. Primary Care Provider spends directly \$ _____ (Multiply line 7a by line 12)	b. Non-Primary Care Provider's support obligation \$ _____ (Multiply line 7b by line 12)
	Health insurance adjustment - _____ (See instructions on reverse side)
	Non-Prim. Care Provider pays as support _____

Date: _____

Prepared by: _____